



## Individual Cabin Camping Application

### Personal Information

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number (daytime): \_\_\_\_\_ (cell): \_\_\_\_\_

Automobile Tag #: \_\_\_\_\_ Make & Model of Car: \_\_\_\_\_

### Reservation Information

Dates Requesting: \_\_\_\_\_ to \_\_\_\_\_  
Arrival Date (mm/dd/yy) Departure Date (mm/dd/yy)

Number of People Camping: \_\_\_\_\_ Number of Cabins Requesting: \_\_\_\_\_

Cabin Size Desired: ☐ 4 person - \$40.00 ☐ 6 person - \$50.00 ☐ 10 person - \$60.00

### To Be Filled Out By Ranger

Cabin Number(s) Assigned: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check/Credit Card #: \_\_\_\_\_

- Individual Cabin fees must be paid in full at the time of reservation.
- Cabins will not be held without payment.
- Please reserve cabins at least two weeks in advance.
- 10 person cabins are available by reservation only.
- 4 and 6 person cabins are available on a first come/ first served basis if not reserved.
- If you wish to cancel your reservation and receive a refund, you must do so at least two weeks prior to your encampment.

Please mail or fax your application to:

Prince William Forest Park  
ATTN: Cabin Camps  
18100 Park Headquarters Road  
Triangle, VA 22172  
Fax #: (703) 221-4322

**National Park Service**  
**Prince William Forest Park**  
18100 Park Headquarters Road  
Triangle, VA 22172



## Credit Card Billing Information for Individual Cabin Camp Payments

Please mail or FAX Credit Card Billing Information to: Prince William Forest Park  
(703) 221 - 4322 (FAX) 18100 Park Headquarters Road  
Triangle, VA 22172

**Reservation Name:** \_\_\_\_\_ **Date of Encampment:** \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

Card Holder Authorization Signature: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Federal Taxpayer I.D. or Social Security Number: \_\_\_\_\_

### Amount to Billed to Credit Card:

4 Person Cabin # nights x \$40 = \_\_\_\_\_ 6 Person Cabin # nights x \$50 = \_\_\_\_\_

10 Person Cabin # nights x \$60 = \_\_\_\_\_ **TOTAL CHARGE:** \_\_\_\_\_

### Credit Card Information (please circle):

American Express

Discover

Mastercard

Visa

Credit Card Number (xxxx xxxx xxxx xxxx): \_\_\_\_\_

Expiration Date (xx/xx): \_\_\_\_\_

Credit Card Security Code (last 3-4 digit number on back of card): \_\_\_\_\_

### For Agency Use Only

Confirmation Number: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date Processed: \_\_\_\_\_

CC Authorization #: \_\_\_\_\_